

D. Terry

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1. CORRESPONDENCE ADDRESS

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

First Named Applicant

TITLE OF INVENTION

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

3. Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Fish & Richardson

2

3

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DO NOT USE THIS SPACE 06-1050 010 361 75.00CH

060 MG 06/15/93 07577437

1 142 1,170.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

DIGITAL EQUIPMENT CORPORATION

(2) ADDRESS: (City & State or Country)

Maynard, MA USA

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

MASSACHUSETTS

A. ☐ This application is NOT assigned.☒ Assignment previously submitted to the Patent and Trademark Office.☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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☒ Issue Fee ☐ Advanced Order - # of Copies

(Minimum of 10)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

6/3/93

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Commissioner of Patents and Trademarks
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on

June 3, 1993

(Date)

Lesley J. Arcidy
(Name of person making deposit)

Lesley J. Arcidy
(Signature)

6-3-93

(Date)

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